FILE XC; MAY 3 2006

2004

NEVADA FINANCIAL DISCLOSURE STATEMENT (Attach additional sheets if necessary)

DEAN HELLER SECRETARY OF STATE OFFDCANI694

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NAME - OUR ORD SELECTION - LENGTH OF RESIDENCE IN NEVADA - 3 GEO NAME - CITY, STATE, ZIP - TOUR HEAVEN SO 32 LENGTH OF RESIDENCE IN DISTRICT WHERE REG VOTE [por NRS 281 571(1)(8)] + 43 (16065) E-MAIL JULY - DEPLOTED CONTROL SIDE GEOMETRICAL CON	als destate to
List all public offices for which this financial disclosure statement is required [NRS 281.571, Subsection 1(g)]: ANNUAL all elected and appointed public officers (no later than Jan. 15 each year) NRS 281.571, Subsection 1(g)]: CANDIDATE (no later than Jan. 15 each year) NRS 281.571, Subsection 1(g)]: CANDIDATE (no later than Jan. 15 each year) NRS 281.571, Subsection 1(g)]: CANDIDATE (no later than Jan. 15 each year) NRS 281.571, Subsection 1(g)]: CANDIDATE (no later than Jan. 15 each year) NRS 281.571, Subsection 1(g)]: CANDIDATE (no later than Jan. 15 each year) NRS 281.571, Subsection 1(g)]: CANDIDATE (no later than Jan. 15 each year) NRS 281.571, Subsection 1(g)]: CANDIDATE (no later than Jan. 15 each year) NRS 281.571, Subsection 1(g)]: CANDIDATE (no later than Jan. 15 each year) NRS 281.571, Subsection 1(g)]: CANDIDATE (no later than Jan. 15 each year) NRS 281.571, Subsection 1(g)]: CANDIDATE (no later than Jan. 15 each year) NRS 281.571, Subsection 1(g)]: CANDIDATE (no later than Jan. 15 each year) NRS 281.571, Subsection 1(g)]: CANDIDATE (no later than Jan. 15 each year) NRS 281.571, Subsection 1(g)]: CANDIDATE (no later than Jan. 15 each year) NRS 281.571, Subsection 1(g)]: CANDIDATE (no later than Jan. 15 each year) NRS 281.571, Subsection 1(g)]: CANDIDATE (no later than Jan. 15 each year) NRS 281.571, Subsection 1(g)]: CANDIDATE (no later than Jan. 15 each year) NRS 281.571, Subsection 1(g)]: CANDIDATE (no later than Jan. 15 each year) NRS 281.571, Subsection 1(g)]: CANDIDATE (no later than Jan. 15 each year) NRS 281.571, Subsection 1(g)]: CANDIDATE (no later than Jan. 15 each year) NRS 281.571, Subsection 1(g)]: CANDIDATE (no later than Jan. 15 each year) NRS 281.571, Subsection 1(g)]: CANDIDATE (no later than Jan. 15 each year) NRS 281.571, Subsection 1(g)]: CANDIDATE (no later than Jan. 15 each year) NRS 281.571, Subsection 1(g)]: CANDIDATE (no later than Jan. 15 each year) NRS 281.571, Subsection 1(g) NRS 281.571, Subsection 1(g) NRS 281.571, Subsection 1(g) NRS 281.571,	APPOINTMENT to fill unexpired term of an elected or appointed public officer (within 30 days) NRS 281 559(1(a)
List all general sources of income for you and members of your household over 18 years of age [NRS 281.571, Social Sociality PERS as Direction Fast time employment sources feature of your household over 18 years of age [NRS 281.571, PERS as Sociality Me Deceleptine of your household over 18 years of age [NRS 281.571, PERS as Sociality Me Deceleptine of your household over 18 years of age [NRS 281.571, PERS as Sociality Me Deceleptine of your household over 18 years of age [NRS 281.571, PERS as Sociality Me Deceleptine of your household over 18 years of age [NRS 281.571, PERS as Sociality Me Deceleptine of your household over 18 years of age [NRS 281.571, PERS as Sociality Me Deceleptine of your household over 18 years of age [NRS 281.571, PERS as Sociality Me Deceleptine of your household over 18 years of age [NRS 281.571, PERS as Sociality Me Deceleptine of your household over 18 years of age [NRS 281.571, Me Deceleptine of your household over 18 years of age [NRS 281.571, Me Deceleptine of your household over 18 years of age [NRS 281.571, Me Deceleptine of your household over 18 years of age [NRS 281.571, Me Deceleptine of your household over 18 years of age [NRS 281.571, Me Deceleptine of your household over 18 years of age [NRS 281.571, Me Deceleptine of your household over 18 years of age [NRS 281.571, Me Deceleptine of your household over 18 years of age [NRS 281.571, Me Deceleptine of your household over 18 years of age [NRS 281.571, Me Deceleptine of your household over 18 years of age [NRS 281.571, Me Deceleptine of your household over 18 years of age [NRS 281.571, Me Deceleptine of your household over 18 years of age [NRS 281.571, Me Deceleptine of your household over 18 years of age [NRS 281.571, Me Deceleptine of your household over 18 years of you	Subsection 1(b): Household Member
List each creditor to whom you or a member of your household owes \$5,000 or more [except (1) debt secure or deed of trust on real property which is not required to be listed below, and (2) debt for which a security into vehicle for personal use was retained by seller] [NRS 281.571, Subsection 1(d)]. (Sand Addizon)	ed by mortgage erest in a motor Self Household Member

List each business entity (i.e., organization or enterprise operated for economic gain, including a proprietorshi firm, business, trust joint venture, syndicate, corporation or association) with which you or a member of you involved as a trustee, beneficiary of a trust, director, officer, owner in whole or in part, limited or general partner a class of stock or security representing 1% or more of the total outstanding stock or securities issued by the interpretation of the total outstanding stock or securities.	ir nous er, or l	nolder of
[NRS 281.571, Subsection 1(1)]:	Self	Household Member
List specific location and particular use of all real estate (other than personal residence): (1) in which you ce your household has a legal or beneficial interest; (2) the fair market value of which is \$2,500 or more; and (3) state or an adjacent state [NRS 281 571, Subsection 1(c)]: Specific Location Particular Use	or a m	ember of ed in this
List the identity of donor and value of each gift received in excess of an aggregate value of \$200 from a during the preceding taxable year [except (1) a gift received from a person who is related to you within the consanguinity or affinity; and (2) ceremonial gifts received for a birthday, wedding, anniversary, holiday or of occasion if the donor does not have a substantial interest in your legislative, administrative, or political action [NRS 281 571, Subsection 1(e)]: Donor	ther ce	erennoma:
THE INFORMATION I HAVE PROVIDED HEREIN IS ACCURATE AND COMPLETE. Date: Signature Signature Sain Filling.		to to